Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS		17					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			1 minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			8 minus 3 = * (			·.		X42=		OR	X84=	420
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero,					"0" in c	olumn 2	١	TOTAL	les - In	OR	TOTAL	ino
CLAIMS AS AMENDED - PART II								SMALL E	NTITY	OR	OTHER SMALL	
	and the same of th	(Column 1) CLAIMS		(Colur		(Column 3)	1 1	SWALL			SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ist ta
	Independent	* NTATION OF M	Minus	***	C. AIM	=		X42=		OR	X84=	
	THOTFILSE	MATION OF W	OLTIF LE DEF	LINDLIN	CLAIN		1	+140=		OR	+280=	
			<u>.</u>	,				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	, and the second
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JUNPLE DEF	ENDENI	CLAIM		]	+140=		OR	+280=	
							l	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	×
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·,a	OR	X\$18=	yn yn
	Independent	*	Minus	***		=		X42=			X84=	ν,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL	÷	OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
	_	mber Previously Pa ther Previously Pa					er fou	ind in the app	oropriate box	cin co	lumn 1.	